The Role of Early Maladaptive Schemas in Post-Migration Life Difficulties of Traumatised Asylum Seekers

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Abstract

Migration is a complex phenomenon shaped by personal and systemic crises that disproportionately affect asylum seekers. These individuals often experience traumas spanning pre-migration, transit, and post-migration phases. This study examines the psychological impact of migration, focusing on early maladaptive schemas (EMS) which are deeply ingrained, negative patterns of thinking and feeling about oneself and others, typically developed in childhood, that influence perceptions and responses to life experiences in asylum seekers with PTSD. Findings reveal that PTSD was associated with significantly higher levels of EMS related to emotional deprivation (M = 3.37, SD = 1.49), abandonment (M = 3.10, SD = 1.55), and mistrust compared to non-PTSD asylum seekers. These schemas not only reflect individual vulnerabilities but also structural inequalities rooted in global capitalism, which prioritizes profit over human dignity and forces individuals into precarious conditions. The exploitation of asylum seekers is deeply intertwined with systemic factors, including neoliberal migration policies, which create and sustain conditions of oppression. Post-migration stressors, such as housing insecurity and restricted access to employment, further exacerbate these psychological challenges. These structural conditions are not incidental but are designed to marginalize and exploit migrants, perpetuating cycles of trauma and inequality. The study calls for a critical perspective that not only addresses the psychological impacts of

migration but also challenges the systemic forces that cause and sustain these vulnerabilities. Future research should investigate how to reshape therapeutic interventions and migration policies to prioritize human dignity and equitable resource distribution.

Keywords: *Maladaptive schemas, schema therapy, trauma, refugees, PTSD, post-migration life difficulties*

Asylum seekers are individuals who have fled their home countries due to a range of systemic causes such as war, persecution, or poverty, which are often the direct result of global capitalist exploitation and imperial interventions (Sassen, 2014). These individuals formally request recognition as refugees in a host country under the Geneva Convention (UN, 1951). However, until their application is processed, they find themselves in a precarious legal status, plagued by uncertainties about their future. Many asylum seekers have experienced traumatic events before and during their flight, which heightens their vulnerability to developing post-traumatic stress symptoms (PTSS) and post-traumatic stress disorder (PTSD) (Mollica et al., 2004; George, 2012, Bezgrebelna, et al. 2024). Even upon reaching a "safe" host country, their struggles persist as they face continued hardships such as inadequate living conditions, limited access to medical and social services, loss of familial connections, discriminatory experiences, and socio-economic deprivation (Porter & Haslam, 2005). These challenges are not isolated incidents but systemic outcomes of neoliberal migration policies that prioritize state security and economic interests over the well-being of vulnerable populations (De Genova, 2013, Juarez, Honkaniemi, et al. 2019).

During their transitional phase, asylum seekers must contend with significant obstacles related to both structural integration and the potential long-term

impact on their psychosocial health. These adversities often activate early maladaptive schemas and cognitive and emotional patterns formed during childhood trauma. Maladaptive schemas are defined as pervasive and dysfunctional themes or patterns regarding oneself and relationships, typically developed during early experiences, which influence behavior and emotional responses in adulthood (Young, Klosko, & Weishaar, 2003). For example, schemas such as abandonment or mistrust can exacerbate feelings of insecurity and isolation, particularly in the face of migration-related stressors. These schemas, which have yet to be thoroughly examined in the context of asylum seekers, may shape their psychological responses to life after migration. Importantly, these patterns are not merely personal but are deeply embedded in the broader social and political contexts that perpetuate inequality and marginalization (Fassin, 2011).

Interestingly, despite these daunting challenges, many asylum seekers show remarkable resilience during the resettlement phase. Even in the face of discrimination and ongoing trauma, many quickly regain their previous levels of functioning, resuming work and family roles. This does not imply that they are unaffected; rather, it reflects a complex adaptation to difficult circumstances. Some individuals experience what is known as post-traumatic growth, developing a heightened sense of personal achievement and belief in their ability to overcome future challenges (Attia, Das, Tang, Qui,& Nguyen, 2023; Tedeschi & Calhoun, 2004). However, many others continue to face negative mental health outcomes, illustrating the long-term psychological toll of migration. These mental health issues are not simply the result of personal distress but are also symptomatic of a structural failure to address the root causes of forced migration (Juarez, Honkaniemi, et al. 2019; Zetter, 2007).

The increased vulnerability to psychological and behavioral effects among

asylum seekers arises from a combination of pre-event factors, the severity of traumatic events, and recovery conditions. According to schema therapy, early toxic experiences and trauma contribute to the formation of maladaptive schemas, which persist throughout life, influencing emotional and cognitive responses (Young et al., 2003). Schema therapy is an integrative therapeutic approach that combines elements of cognitive-behavioral, attachment, and psychodynamic theories to help individuals identify and modify deeply entrenched negative patterns. These schemas are shaped not only by early life experiences but also by the social and economic systems that continue to marginalize asylum seekers in the global capitalist order (Harvey, 2005).

This study aims to explore the role of early maladaptive schemas in the post-migration difficulties faced by traumatized asylum seekers. Specifically, we seek to investigate how these schemas, shaped by early childhood trauma, contribute to the psychological and emotional challenges encountered during the resettlement phase. Additionally, we aim to examine how the activation of these schemas influences asylum seekers ’ability to cope with ongoing challenges, such as discrimination, socio-economic hardship, and restricted access to essential services, and whether they play a role in the development of conditions like PTSD. Ultimately, this study strives to contribute to a deeper understanding of how early maladaptive schemas shape the post-migration lives of asylum seekers and exacerbate their trauma, urging a critical examination of the global systems that perpetuate their suffering.

Pre-Migration Challenges for Asylum Seekers

The harmful impacts of war and armed conflicts are extensively recognized, with their major role in human suffering, mental health issues, reduced quality of life, and long-term disabilities being widely accepted (Fortuna et al., 2008). Individuals exposed to political violence are regularly found to be vulnerable,

disabled, and powerless (Blair, 2000). The mental health effects of traumatic experiences are shaped by their frequency, intensity, and duration, with numerous traumatic events being strongly linked to the development of mental disorders, such as PTSD (Blair, 2000; Kolassa et al., 2010), as well as challenges in integration (Kurt et al., 2021).

When faced with immediate threats, people often seek to escape to safer locations. Forced migration usually results in increased levels of stress, anxiety, and acute depression, even among those who have foreseen the looming danger or have left conflict areas in advance (Matsui & Raymer, 2020). The traumatic effects of being displaced are intensified by the rapidly worsening situations in war-torn regions and the absence of adequate preparation, pushing individuals to make hurried decisions. Those who stay in conflict zones for extended periods endure greater levels of traumatic stress, which leads to more intense PTSD symptoms compared to individuals who depart the conflict area sooner, as those who anticipate peril may lessen the trauma through proper planning (Matsui & Raymer, 2020)

Pre-migration trauma and the experiences encountered during flight explain a significant proportion of variance in PTSD rates, while post-migration difficulties are predominantly associated with mood and anxiety disorders (Nickerson et al., 2011; Bogic et al., 2015). A recent meta-analysis encompassing 59 studies and 17,763 participants found that daily stressors were strongly correlated with an increase in psychiatric symptoms and general distress. These daily stressors fully mediated the relationship between traumatic experiences and the subsequent development of anxiety, depression, and PTSD symptoms (Hou et al., 2020). In addition, a study demonstrated that asylum seekers who reported more confrontational interactions with authorities experienced heightened post-migration difficulties (Silove et al., 1997).

Therefore, integrated models that account for both pre-and post-migration factors are essential for a comprehensive understanding of the psychological challenges faced by asylum seekers, as well as the relationship between early maladaptive schemas and post-migration difficulties (Miller & Rasmussen, 2010; Nickerson et al., 2011; Walther et al., 2020).

Post-Migration Life Challenges for Asylum Seekers

Upon reaching a safe host country, asylum seekers face numerous uncertainties about their future, all while adapting to a new environment, culture, and language. Research consistently shows that the refugee determination process poses considerable difficulties for asylum seekers, mainly due to the lengthy asylum procedures, their unclear legal status, temporary housing in refugee camps, and restrictions on employment as they wait for formal refugee recognition (Nickerson et al., 2011; Moffa et al., 2023; Demirli Yıldız & Strohmeier, 2024). A longitudinal study investigating the connection between the mental health of refugees and challenges in post-migration life in Australia found that unstable living conditions and frequent relocations greatly worsened mental health outcomes (Steel et al., 2011; Polak et al., 2022). In Switzerland, the rate of PTSD among Kosovar asylum seekers increased dramatically from 37% to 80% within 18 months of their arrival (Steel et al., 2011). Likewise, the prevalence of psychiatric disorders among asylum seekers in Switzerland did not show significant improvement even two years after their arrival (Heeren et al., 2012), indicating that the obstacles linked to post-migration life maintain high rates of trauma (Steel et al., 2011).

In addition to the inherent insecurity stemming from the prolonged refugee determination process, asylum seekers often face difficulties in adjusting, socio-economic deprivation, limited access to medical and social services, and widespread discrimination, all of which contribute to increased mental stress

and disorders (Nickerson et al., 2011; Eltayb et al., 2023). Challenging economic conditions and discrimination, compounded by trauma experienced prior to migration, have been identified as major risk factors for developing depression and anxiety among the refugee population (Hocking et al., 2015; Luntamo et al., 2023). Moreover, refugees who encounter limited labor rights and fewer employment opportunities exhibit poorer physical and mental health outcomes compared to those with better access to economic resources (Porter & Haslam, 2005; Ahern et al., 2023). Another post-migration challenge is the loss of social support, which arises from fragmented family units, crowded camps, and negative interactions with local populations, including experiences of racism (Porter & Haslam, 2005; Burnett & Peel, 2001).

Therefore, when asylum seekers reach a safe host country, they must cope with a multitude of insecurities regarding their future while adapting to a new place, culture, and language. Studies demonstrate that asylum seekers perceive the refugee determination process as challenging mostly because of the length of the asylum procedure, their insecure legal status, confinement in refugee camps, and the prohibition to work while waiting for acceptance as a refugee (Demirli Yıldız & Strohmeier, 2024). Hence, after migration, asylum seekers encounter a range of life challenges that severely impact various aspects of their mental health, contributing to higher levels of PTSD (Kiselev et al., 2020; Zhang et al., 2023).

Traumatization and Post-migration Life Difficulties

Asylum seekers do not experience a singular form of trauma; instead, they are subjected to complex, interconnected traumas and endure high levels of stress. Those fleeing war, already impoverished, often face exacerbated poverty upon their arrival in host countries. Beyond the stress of securing basic needs for safety and security, they must contend with the added pressures of

acculturation, including discrimination, weak social networks, socio-political instability, incarceration, communication barriers, and limited access to counseling and healthcare services. These challenges, compounded by increasing poverty and unfavorable working conditions, foster a sense of alienation. Furthermore, asylum seekers experience the loss of social support networks due to family disruptions and the inherent difficulties of the migration process, including lack of access to education, living in overcrowded camps, and facing hostility, racism, and cultural differences from local populations (Porter & Haslam, 2005; Burnett & Peel, 2001; Sayed et al., 2023). In summary, the vast majority of migrants require substantial mental health care in addition to basic needs such as safety, housing, education, and psychosocial support (Coutts et al., 2013; Javanbakht et al., 2023).

Aragona et al. (2012) identified post-migration life challenges as a critical risk factor for the development of PTSD. Among the most pressing challenges faced by asylum seekers are fears of deportation, the responsibility of caring for family members left behind, lack of work authorization, and poverty. A qualitative study involving Somali refugees in the UK found that attachment and adjustment difficulties, anxiety, mood disorders, and substance abuse were prevalent, alongside PTSD (Warfa et al., 2005). More recently, Javanbakht et al. (2023) found that the loss of community ties and prolonged legal uncertainty significantly exacerbate PTSD symptoms among refugees, highlighting the cumulative nature of post-migration stress.

The shared migration experience, coupled with elevated stress levels, may lead to varying degrees of PTSD across individuals. It is essential to assess how migrants cope with stress and the coping mechanisms they develop. Not all migrants are at equal risk for mental health disorders. Therefore, when evaluating the mental health needs of asylum seekers, it is insufficient to focus

solely on their current stressors. Many, while attempting to rebuild their lives post-migration, continue to face challenges that adversely affect their quality of life and overall well-being. Mental health disorders such as depression and PTSD are often characterized by heightened arousal, depersonalization, and a tendency to avoid stimuli that could trigger memories of traumatic events experienced during migration (Carlsson, Mortensen, & Kastrup, 2004; Carlsson, Olsen, Kastrup, & Mortensen, 2010; Furukawa & Hunt, 2011; Steel et al., 2011; Dandekar et al., 2023).

In this context, recent research has emphasized the role of early maladaptive schemas in PTSD, making it a critical area of study. Focusing solely on current stressors as the cause of PTSD is insufficient, as the presence of maladaptive schemas plays a significant role in the development of the disorder. Consequently, the study of early maladaptive schemas concerning PTSD has gained increased attention in recent years. According to Ball and Cecero, once activated, early maladaptive schemas function as enduring personality traits, and their high prevalence among individuals with PTSD, compared to other mental health disorders, has generated substantial interest in applying Young's schema theory to this population (Ball & Cecero, 2020).

Early Maladaptive Schemas of Asylum Seekers

The hallmark features of post-traumatic stress disorder (PTSD) include re-experiencing the traumatic event(s), hyperarousal, avoidance of trauma-related stimuli, and a general numbing of emotions (Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, Text Revision, 2000). Experimental research in this domain demonstrates that past traumas and psychological distress serve as risk factors for the development of negative pre-traumatic schemas and PTSD (e.g., Brewin, Andrews, & Valentine, 2000). Additionally, these studies emphasize that when deeply held beliefs—whether positive or negative—

become entrenched, they significantly influence the development of PTSD, manifested in excessive agitation, depersonalization, and a tendency to avoid stimuli that may trigger the recollection and reliving of traumatic experiences during migration (Carlsson, Mortensen, & Kastrup, 2004; Carlsson, Olsen, Kastrup, & Mortensen, 2010; Furukawa & Hunt, 2011; Steel et al., 2011).

Schema-focused theories of PTSD particularly focus on the conflict between individuals' positive, pre-traumatic schemas about themselves, others, and the world and the negative schemas that precipitate the onset of PTSD (Horowitz, 2011; Janoff-Bulman, 1989; Power & Dalgleish, 2008). Cognitive schemas are central to the development and perpetuation of mental disorders, and therefore, understanding these schemas is crucial in explaining vulnerability to PTSD and in informing therapeutic interventions (Bamber & McMahon, 2008). According to classical cognitive schema theories, post-traumatic symptoms emerge when new, discrepant information is not sufficiently integrated into pre-existing positive schemas. This imbalance continues until the individual fully assimilates their new experiences into their existing cognitive framework, which facilitates emotional and cognitive adaptation.

Janoff-Bulman (1992) found that stable and non-threatening functional schemas act as protective factors against stress and trauma, thus preventing psychological disintegration in the event of future traumatic experiences. Conversely, early maladaptive schemas (EMS), which develop when emotional needs during childhood are unmet, involve memories, emotions, cognitions, and physical sensations. These schemas reflect the individual’s perception of themselves and their relationships with others and are defined as maladaptive emotional and cognitive patterns that persist throughout life (Schmidt, Joiner, Young, & Telch, 1995; Young, Klosko, & Weishaar, 2003). EMS provides important information about an individual’s early environment and contributes

to coping mechanisms (Young & Miller, 1995). However, as individuals mature, these schemas may lead to maladaptive behaviors when they interpret the world through the lens of their entrenched beliefs, even in the face of changing circumstances, contributing to the emergence of psychopathologies (Murris, 2006).

EMSs are considered to be highly generalized, resistant to change, and have profound effects on cognition and emotion, operating largely beneath conscious awareness (Riso & McBride, 2007). Young, Klosko, and Weishaar (2003) define EMSs as pervasive patterns of memories, emotions, cognitions, and bodily sensations related to one's relationship with oneself and others. These schemas, which develop during childhood or adolescence, persist into adulthood and are often dysfunctional.

Young (1994) identified five broad schema domains: separation/rejection, impaired autonomy, impaired boundaries, other-directedness, and hypervigilance/inhibition, each encompassing multiple specific schemas. The separation/rejection domain—including abandonment, insecurity, emotional deprivation, inadequacy, and social isolation schemas—arises when the need for secure dependency on others is either unmet or excessively fulfilled. The impaired autonomy domain, which includes dependency, vulnerability to harm, enmeshment, and failure schemas, emerges when the need for self-assertion is inhibited or excessively fulfilled. The impaired boundaries domain—comprising entitlement and insufficient self-control schemas—emerges when the need for realistic boundaries and self-regulation is thwarted or excessively fulfilled. The other-directedness domain, including submission, self-sacrifice, and approval-seeking schemas, arises when the need to express one's emotions and needs is suppressed or overly fulfilled. Finally, the hypervigilance/inhibition domain—which includes negativity, emotional

inhibition, and punitive schemas—emerges when the need for spontaneity and play is stifled or excessively fulfilled (Young, 1994; Young et al., 2003).

LeDoux (as cited in Young, Klosko, & Weishaar, 2003) further emphasized that EMSs are stored in the amygdala, akin to traumatic memories, and consequently exhibit strong emotional associations. Like traumatic memories, these schemas are rapidly triggered, operate automatically, and often remain unconscious. This distinguishes EMSs from classical cognitive schemas, which are stored in the hippocampus and cortex. In contrast to classical cognitive-behavioral approaches, the schema-focused approach posits that schemas are prone to automatic activation under emotional distress, which distorts one's perception of objective reality, reinforcing existing beliefs. This cycle of schema reinforcement, especially when individuals submit to the schema rather than experience cognitive dissonance, perpetuates maladaptive behaviors.

Unlike classical cognitive schemas, which typically develop through situational learning, EMSs often emerge independently of specific conditions (Young, 1999). For example, an individual may perceive themselves as fundamentally inadequate, unworthy of love, or inherently bad, regardless of their external circumstances. These individuals internalize their inadequacy as an existential trait, not attributable to specific failures (e.g., academic struggles). Therefore, despite acquiring effective coping strategies, they will continue to view themselves as inadequate, as this perception is rooted in their existential belief that nothing will change. They view this inadequacy as an unalterable part of their identity, which can hinder goal pursuit, including seeking acceptance in a new country or forming meaningful relationships. This belief persists despite evidence to the contrary.

This study aims to explore the under-researched relationship between EMSs and

the post-migration difficulties perceived by asylum seekers, who often experience multiple traumas and may develop PTSD. The research focuses on understanding how PTSD and post-migration life challenges are interconnected with EMS, which is essential for elucidating the widespread nature of PTSD among asylum seekers. To address this gap, the study has three main objectives: first, to analyze the traumatic events and PTSD levels among asylum seekers; second, to examine the post-migration challenges faced by refugees; and third, to investigate the association between EMSs, traumatic experiences, PTSD levels, and post-migration difficulties.

Current Work

This study was conducted in Austria, which, after Germany and Sweden, received the third-highest number of asylum applications within the European Union in 2015 and 2016. According to the Geneva Convention, Austrian authorities processed 25,563 asylum applications from Afghanistan, 24,547 from Syria, and 13,633 from Iraq (Statistics Austria, 2018). Despite these substantial figures, Austria has increasingly adopted restrictive migration and integration policies, often prioritizing limitations over opportunities for migrants, a trend that warrants further scrutiny in the context of human rights and social justice (Mipex, 2021).

The asylum process in Austria is characterized by a lengthy and multifaceted procedure. Initially, asylum seekers have the right to submit their applications orally at any police station to seek recognition under the Geneva Refugee Convention. Subsequently, the Dublin Convention is employed to determine which European state holds responsibility for processing the asylum claim. During this period, asylum seekers are housed in first-arrival centers (Erstaufnahmezentren). If Austria assumes responsibility for the claim, asylum seekers are relocated to one of the country's nine federal states, where they

receive basic care (Grundversorgung), including a modest financial allowance. However, a critical and often overlooked point is that asylum seekers are prohibited from working during this waiting period, limiting their ability to contribute economically and undermining their dignity and autonomy.

This context of legal restrictions and limited opportunities frames Austria as an intriguing case for constructing a new life for asylum seekers who face significant post-migration challenges. These challenges are not merely a consequence of individual hardship but are deeply embedded within a system that often dehumanizes and marginalizes vulnerable populations. The primary objective of this study is to investigate the role of early maladaptive schemas in shaping the post-migration life challenges of traumatized asylum seekers. Drawing from the existing body of literature, the following research questions were formulated:

1. What types of traumatic experiences do asylum seekers encounter, and how do these experiences vary by gender (e.g., men vs. women)?
2. What post-migration life difficulties do asylum seekers face, and what is the underlying factor structure of these difficulties?
3. Do early maladaptive schemas differ between asylum seekers with and without clinically significant levels of post-traumatic stress disorder (PTSD)?
4. To what extent do early maladaptive schemas, traumatic experiences, and PTSD levels predict post-migration life difficulties among asylum seekers?

By addressing these questions, the study seeks not only to explore the psychological mechanisms that underpin post-migration challenges but also to challenge the structural barriers that prevent asylum seekers from achieving

meaningful integration and socio-economic stability. The very design of asylum processes—often entrenched in bureaucratic inefficiency and legal ambiguity—calls for a critical examination of how these systems perpetuate inequality and suffering.

Method

Procedure

Participants for this study were recruited with the assistance of two non-governmental organizations (NGOs) located in one Austrian federal state (Upper Austria) and the capital city (Vienna). After receiving ethical approval from the NGO headquarters, professionals working in the shelters introduced the project to potential participants. Asylum seekers residing in these shelters were informed that the study aimed to understand their psychological experiences during migration and that participation was voluntary, with no implications for their ongoing asylum applications. The inclusion criteria for the study were as follows: participants had to be over 18 years of age, currently in the asylum application process, and of Iraqi or Syrian origin. These two groups were selected due to their shared Arabic language and because they represent two of the three largest nationalities of asylum seekers in Austria. The questionnaire was developed by the researchers in English and professionally translated into Arabic by a certified translation company. All participants completed the questionnaire in Arabic.

Participants

A total of 139 asylum seekers participated in the study, consisting of 55 women and 83 men, with ages ranging from 18 to 67 years (M = 34.03, SD = 10.35). The majority of participants (N = 127; 91%) identified as Muslim (11% Shia, 80% Sunni), 4 participants (3%) identified as Christian, and 8 participants (6%) identified with other religions. Regarding linguistic background, 110

participants (79%) reported Arabic as their mother tongue, 21 (15%) spoke Kurdish, and 8 (6%) had other native languages.

In terms of education, 16 participants (12%) had completed primary school, 38 (27%) had completed secondary or vocational school, 30 (22%) had completed high school, 51 (37%) had completed university, and 4 participants (3%) did not answer this question. Regarding marital status, 90 participants (65%) were married, 33 (24%) were single, 5 (4%) were engaged, 7 (5%) were separated, widowed, or divorced, and 4 participants (3%) did not disclose their marital status. Most participants (N = 82; 60%) lived in Austria with a partner, and 67 (48%) lived with children.

The length of stay in Austria was reported by 93 participants, with a range from 1 to 62 months (M = 28.50, SD = 12.80); 46 participants did not answer this item. The number of children was reported by 92 participants, with a range from 0 to 8 children (M = 2.25, SD = 1.73).

Instruments

Demographic Information Socio-demographic characteristics were assessed using multiple-choice questions about gender, age, education level, religious affiliation, mother tongue, and marital status. Length of stay in Austria, number of family members in Austria, and number of children were recorded using open-ended questions.

Harvard Trauma Inventory (HTI) The Harvard Trauma Inventory (HTI) was used to assess traumatic events and post-trauma stress symptoms across cultures. The HTI consists of two sections: the first records traumatic events, including items such as “There was nothing to eat,” asking participants to indicate whether they experienced or witnessed such events. The second section measures post-trauma stress symptoms using a Likert scale from 1 (“almost

never") to 4 ("very intensely"). The PTSD section of the HTI has demonstrated high reliability (Cronbach's alpha = 0.87) and was used in this study to assess post-traumatic stress symptoms.

Harvard Trauma Inventory - PTSD Section The PTSD section of the HTI consists of 16 items rated on a 4-point Likert scale. PTSD scores were calculated by summing the item scores and dividing by 1.6. A clinical cut-off score of 2.5 was established based on comparisons with DSM-based clinical interviews (Mollica et al., 1998; Weinstein, 2007). The most common symptoms reported included recurrent thoughts (82.1%), avoidance of thoughts (66.4%), and exhaustion (62.9%), while the least common symptom was the desire for revenge (8.6%).

Harvard Trauma Inventory - Traumatic Events (TE) Section The TE section, adapted into Arabic during the Iraq War migration to America (Weinstein, 2007), includes events such as "I lost my arm" and "I left my spouse behind," alongside culturally specific terms for somatic and emotional stress, such as "dayeg" (somatic problems) and "nafseetak ta'abana" (spiritual distress).

Young Schema Questionnaire - Short Form (YSQ-S) The YSQ-S assesses early maladaptive schemas with 50 items that reflect 12 of the original 15 schemas (Welburn et al., 2002), including emotional deprivation, abandonment, and failure. Participants rate how well each item applies to them on a 6-point scale, with higher scores indicating a stronger presence of maladaptive schemas. The scale has demonstrated strong validity and internal consistency.

Post-Migration Life Difficulties (PMLD) Scale The PMLD scale (Silove et al., 1997) includes 24 items measuring post-migration life difficulties, rated on a 5-point Likert scale. The reliability of the full scale was high ($\alpha = 0.92$), and exploratory factor analysis (EFA) revealed that three low-loading items were removed, leaving a 21-item scale with high reliability ($\alpha = 0.93$). The final factor structure identified six sub-factors: adjustment difficulties, relationship

loss, access to services, discrimination, refugee determination, and socio-economic conditions, with varying levels of reliability.

Table 1. Post-Migration Life Challenges: Summary of Exploratory Factor Analysis

	Total (21 items): α = 0.93							
	Factor 1: "Adaptation difficulties" (3 items) (α = 0.62)	**M (SD)**						
4. Conflict with other migrants from other countries		1.41 (0.90)	1.01					
5. Separation from my family		1.87 (1.42)	0.52					
11. Conflict with asylum authorities.		1.50 (1.19)	0.31					
	Factor 2: "Loss of relationships" (3 items) (α = 0.88)							
21. Loneliness		2.44 (1.59)		1.02				
22. Boredom		2.57 (1.58)		0.82				
23. Isolation		2.52 (1.61)		0.76				
8. Not finding a job		2.84 (1.44)		0.43				0.35
	Factor 3: "Access to medical and social services" (5 items) (α = 0.91)							
16. Concern about not being able to access treatment for health problems - Counselling		1.75 (1.23)			1.00			
17. Concern about not being able to access treatment for health problems - Other		1.77 (1.36)			0.85			
13. Concern about not being able to access treatment for health problems - Emergency medical care		1.70 (1.35)			0.82			
14. Concern about not being able to access treatment for health problems - Long-term health problems		1.87 (1.43)			0.80			
15. Concern about not being able to access treatment for health problems - Dental		2.04 (1.41)			0.52			
	Factor 4: "discrimination" (2 items) (α = 0.86)							

3. Discrimination by other migrants living in Austria	1.96 (1.27)				0.70		
2. Discrimination by Austrians	2.07 (1.30)				0.66		
Factor 5: "Refugee identification process" (5 items) (α = 0.86)							
18. Not enough money to buy food, pay the rent, or buy necessary clothes	2.30 (1.50)					0.82	
19. 19. Difficulties in receiving state assistance in social assistance	1.91 (1.23)					0.82	
20. Difficulties in getting help from charitable organizations or 'NGOs'	1.70 (1.04)					0.79	
24. Lack of access to your favorite foods	1.69 (1.18)					0.48	
10. Interviews with asylum authorities	1.63 (1.23)					0.34	
Factor 6: "socio-economic conditions" (2 items) (α = 0.64)							
9. Poor working conditions	2.14 (1.51)						0.69
1. Communication difficulties	1.78 (1.01)						0.49

(Item 6 and Item 7) were deleted due to factor loadings below 0.30. Item 12 was removed to improve reliability

Results

All data analyses were performed using Mplus 8. To assess the construct validity of all constructs, both measurement models (including Exploratory Factor Analysis (EFA) and Confirmatory Factor Analysis (CFA)) and structural models were calculated to test the theoretical model. Three criteria were used to assess model fit: the chi-square test, the Comparative Fit Index (CFI; Bentler, 1990), and the Root Mean Square Error of Approximation (RMSEA; Steiger, 1990).

1. What types of traumatic experiences do asylum seekers encounter, and how do these experiences vary by gender (e.g., men vs. women)?

Traumatic experiences were measured using the Harvard Trauma Inventory's traumatic event section, which is a yes/no questionnaire. Frequencies and percentiles were analyzed for the overall sample, as well as separately for females and males. The results revealed that 68.8% of participants experienced "forced evacuation under dangerous conditions," and 66.4% reported being "confined to home due to external danger." Conversely, experiences of rape (2.9%) and other forms of sexual humiliation (4.3%) were reported at significantly lower rates. Table 2 presents the frequencies and percentiles for each of the 46 items on the trauma scale, which provides a comprehensive overview of the types of traumatic events encountered by asylum seekers, broken down by gender.

Table 2. Percentiles and Frequencies of Experienced Traumatic Events

	Overall	Female	Male
	% (N)	% (N)	% (N)
41. Lack of shelter (when needed)	46.4 (65)	49.1 (54)	45.1 (37)
42. Lack of food or water	37.9 (53)	47.3 (52)	32. 9 (27)
43. Ill health without access to medical care	41.4 (58)	45.5 (50)	39.0 (32)
44. Confiscation or destruction of personal property	51.4 (72)	54.5 (60)	50.0 (41)
45. Combat situation (e.g., shelling and grenade attacks)	53.6 (75)	60.0 (66)	48.8 (40)
46. Used as a human shield	21.4 (30)	16.4 (18)	24.4 (20)
47. Exposure to frequent and unrelenting sniper fire	34.3 (48)	34.5 (38)	32.9 (27)
48. Forced evacuation under dangerous conditions	68.6 (96)	72.7 (80)	67.1 (55)
49. Beating to the body	27.9 (39)	14.5 (16)	36.6 (30)

50. Rape	2.9 (4)	5.5 (6)	1.4 (1)
51. Other types of sexual abuse or sexual humiliation	4.3 (6)	5.5 (6)	3.7 (3)
52. Knifing or axing (Being injured by a knife or humiliation	8.6 (12)	3.6 (4)	12.2 (10)
53. Torture (while in captivity you received deliberate and systematic infliction of physical or mental suffering)	9.3 (13)	5.5 (6)	12.2 (10)
54. Serious physical injury from combat (e.g., shrapnel, burn, bullet wound, stabbing, etc.) or landmine	7.9 (11)	7.3 (8)	8.5 (7)
55. Imprisonment	15.7 (22)	7.3 (8)	22.0 (18)
56. Forced labor (like animal or slave)	8.6 (12)	3.6 (4)	12.2 (10)
57. Extortion or robbery	35.0 (49)	30.9 (34)	39.0 (32)
58. Brainwashing	5.7 (8)	5.5 (6)	6.1 (5)
59. Forced to hide	52.9 (74)	45.5 (50)	57.3 (47)
60. Kidnapped	14.3 (20)	9.1 (10)	17.1 (14)
61. Other forces separation from family members	30.7 (43)	21.8 (24)	36.6 (30)
62. Forced to find and bury bodies	5.7 (8)	3.6 (4)	6.1 (5)
63. Enforced isolation from others	14.3 (20)	10.9 (12)	17.1 (14)
64. Present while someone searched for people or things in your home (or the place where you were living)	35.7 (50)	38.2 (42)	34.1 (28)
65. Forced to sing songs you did not want to sing	29.3 (41)	29.1 (32)	30.5 (25)
66. Someone was forced to betray you and place you at risk of death or injury	20.0 (28)	18.2 (20)	22.0 (18)
67. Confined to home because of danger outside	66.4 (93)	69.1 (76)	64.6 (53)
68. Prevent from burying someone	12.9 (18)	12.7 (14)	12.2 (10)
69. Forced to desecrate or destroy the bodies or graves of deceased persons	5.7 (8)	5.5 (6)	6.1 (5)

70. Forced to physically harm a family member or friend	3.6 (5)	1.8 (2)	4.9 (4)
71. Forced to physically harm someone who is not family or friend	5.0 (7)	3.6 (4)	6.1 (5)
72. Forced to destroy someone else's property or possessions	3.6 (5)	1.8 (2)	4.9 (4)
73. Forced to betray family member or friend, placing them at risk of death or injury	2.1 (3)	1.8 (2)	2.4 (2)
74. Forced to betray who is not a family member or friend, placing them at risk of death or injury	4.3 (6)	1.8 (2)	6.1 (5)
75. Murder or death due to violence of spouse	3.6 (5)	3.6 (4)	3.7 (3)
76. Murder or death due to violence of son or daughter	8.6 (12)	7.3 (8)	9.8 (8)
77. Murder or death due to violence of another family member or friend	22.1 (31)	20.0 (22)	23.2 (19)
78. Disappearance or kidnapping of a spouse	9.3 (13)	16.4 (18)	4.9 (4)
79. Disappearance or kidnapping of son or daughter	8.6 (129	7.3 (8)	9.8 (8)
80. Disappearance or kidnapping of another family member or friend	37.9 (53)	36.4 (40)	39.0 (32)
81. Serious physical injury of family member or friend due to combat situation/land mine	30.0 (42)	30.9 (34)	30.5 (25)
82. Witness beatings to the head or body	14.3 (20)	9.1 (10)	18.3 (15)
83. Witness torture	11.4 (16)	5.5 (6)	15.9 (13)
84. Witness killing or murder	11.4 (16)	7.3 (8)	14.6 (12)
85. Witness rape or sexual abuse	4.3 (6)	1.8 (2)	6.1 (5)
86. Any other situation that was very frightening or in which you felt your life was in danger. Please specify all situations that have not been mentioned above.	41.4.(58)	34.5 (38)	1. (37)

2. What post-migration life difficulties do asylum seekers face, and what is the underlying factor structure of these difficulties?

The Post-Migration Life Difficulties Scale, using a 5-point Likert scale, assessed the severity of difficulties asylum seekers face during the waiting process. Mean scores were calculated to determine the severity of the difficulties. Results showed that the most severe difficulty was "Worry about my family back at home" (M = 3.56, SD = 1.56). This was followed by "Fear of being sent back to your country of origin in the future" (M = 3.26, SD = 1.80) and "Not being able to find work" (M = 2.86, SD = 1.40). The least severe issue reported was "Conflict with other migrants from different countries" (M = 1.40, SD = 0.89).

After descriptive analysis, reliability analysis, EFA, and CFA were conducted. The reliability of the full scale, consisting of 24 items, was found to be high (α = 0.93). Following the EFA, three items with low loadings were removed, but reliability remained high (α = 0.93) after these deletions. The EFA revealed six sub-factors of post-migration difficulties, as given in the methods section. Additionally, items on the scale were converted into dichotomous categories ("never experienced" vs. "experienced at least once") for further analysis. The results indicated that the highest percentage of asylum seekers experienced "Worry about my family back at home" (80%), followed by "Not being able to find work" (75.4%) and "Fear of being sent back to your country of origin" (65.6%).

Table. 3 Post-Migration Life Difficulties

I have experienced...	*M*	*SD*	At least once (%)
Cronbach Alpha of Total Post-Migration Life Difficulties (α= 0.83)			
1. Communication difficulties	1.76	0.99	49.6
2. Discrimination by Austrian people	2.08	1.30	55.4
3. Discrimination by other migrants living in Austria	1.95	1.26	46.2
4. Conflict with other migrants from other countries	1.40	0.89	22.1
5. Separation from my family	1.86	1.40	33.8
6. Worry about my family back home	3.56	1.56	80.0
7. Being unable to return home in an emergency	2.40	1.61	50.0
8. Not being able to find work	2.86	1.45	75.4
9. Bad working conditions	2.13	1.50	41.5
10. Interviews with asylum officials	1.63	1.24	27.8
11. Conflict with asylum officials	1.49	1.18	18.0
12. Being fearful of being sent back to your country of origin in the future	3.26	1.80	65.6
13. Worries about not getting access to treatment for health problems: Emergency medical care	1.73	1.35	27.6
14. Worries about not getting access to treatment for health problems: Long-term health problems	1.88	1.40	34.7
15. Worries about not getting access to treatment for health problems: Dental	2.08	1.43	47.5
16. Worries about not getting access to treatment for health problems: Counselling	1.75	1.21	35.8

17. Worries about not getting access to treatment for health problems: Other	1.77	1.35	30.4
18. Not enough money to buy food, pay the rent, or buy necessary clothes	2.34	1.54	54.3
19. Difficulties obtaining government help with welfare	2.00	1.3	50.0
20. Difficulties obtaining help from charities or NGOs	1.80	1.13	43.7
21. Loneliness	2.41	1.57	54.7
22. Boredom	2.56	1.57	61.5
23. Isolation	2.48	1.60	56.9
24. Lack of access to the foods you like	1.73	1.22	32.8

Note: The theoretical range of the item was 1 (no problem) to 5 (a very serious problem).

3. Do early maladaptive schemas differ between asylum seekers with and without clinically significant levels of post-traumatic stress disorder (PTSD)?

This research question aimed to examine whether early maladaptive schemas (EMS) differ between asylum seekers with clinically significant PTSD and those without PTSD. The study compared various EMS between these two groups and found significant differences in several key areas. As presented in Table 4, asylum seekers with PTSD exhibited significantly higher levels of emotional deprivation, abandonment, and social isolation/alienation schemas, all showing statistical significance ($p < 0.01$). Additionally, the defectiveness/shame schema was more pronounced in the PTSD group ($p < 0.05$), whereas schemas related to incompetence/dependency and failure did not show significant differences between the groups ($p > 0.05$). These findings suggest that asylum seekers with PTSD experience more intense emotional and relational difficulties, which may exacerbate their post-migration challenges.

Table 4. *Maladaptive Schemas of Clinical PTSD vs. non-PTSD Refugees*

	No PTSD (82%) M (SD)	PTSD (18%) M (SD	*t(df)*	*Cohens d*	*r*
Disconnection/Rejection					
Emotional Deprivation	2:20 (1.18)	3.37 (1.49)	-4.16 (131)**	0.94	0.34
Abandonment	2.83 (1.47)	3.86 (1.47)	-3.10 (131)**	0.71	0.26
Mistrust	2.31 (1.09)	3.06 (1.39)	-2.92 (131)**	0.67	0.24
Social Isolation	1.80 (0.95)	2.21 (1.16)	-1.85 (131)*	0.42	0.16
Defectiveness	1.58 (0.76)	2.08 (1.29)	-1.82 (129)	0.58	0.22
Impaired Autonomy and Performance					
Failure	1.38 (0.59)	1.74 (1.03)	-1.66 (129)	0.54	0.20
Dependence	1.42 (0.66)	1.75 (1.04)	-1.46 (129)	0.45	0.17
Vulnerability	1.64 (0.95)	2.21 (1.20)	-2.54 (129)*	0.59	0.22
Enmeshment	1.68 (0.90)	1.70 (0.91)	-0.10 (129)	0.02	0.01
Other directedness					
Subjunction	1.59 (0.72)	2.00 (1.21)	-1.60 (129)	0.5	0.19
Self-sacrifice	3.69 (1.36)	4.26 (1.40)	-1.87 (129)	0.43	0.16
Over vigilance and inhibition					
Emotional inhibition	2.68 (0.86)	3.18 (1.07)	-2.45 (129)*	0.56	0.21
Unrelenting standards	3.61 (1.20)	4.44 (1.27)	-3.03 (128)**	0.69	0.26
Impaired limits					

Entitlement	2.80 (1.05)	3.78 (1.33)	-3.9(129)**	0.89	0.33
Insufficient self-control	2.17 (0.97)	2.86 (1.40)	-2.29 (129)*	0.78	0.29

*Note..** = p<0.01, * = p<0-05, ns = p>0.051*

The data demonstrate that asylum seekers with PTSD have significantly higher mean levels of EMS compared to those without PTSD. For instance, the mean score for "Emotional Deprivation" in the PTSD group was (M = 3.37, SD = 1.49), compared to (M = 2.20, SD = 1.18) in the non-PTSD group, a statistically significant difference ($t(131) = -4.16$, $p < .01$, Cohen's $d = 0.94$). Similarly, significant differences were observed in the "Abandonment" and "Insecurity" schemas, with all schemas within the "Disconnection and Rejection" domain showing significantly higher scores in the PTSD group. These results suggest that EMS plays a crucial role in the development and severity of PTSD, creating emotional and cognitive vulnerabilities that contribute to the persistence of trauma.

4. To what extent do early maladaptive schemas, traumatic experiences, and PTSD levels predict post-migration life difficulties among asylum seekers?

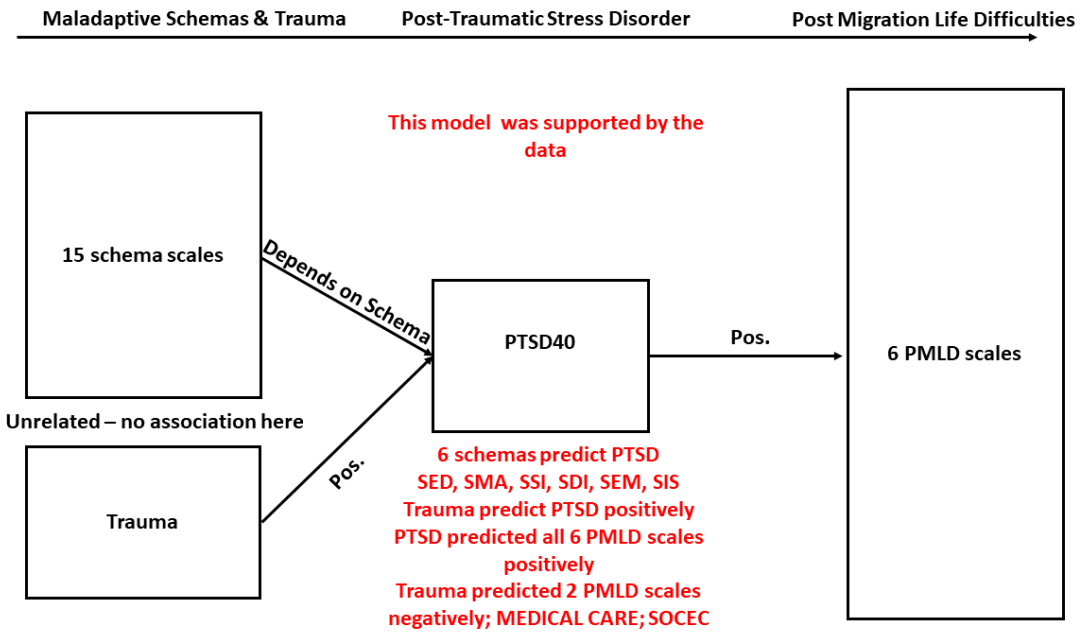
To address this research question, a partially mediated model was tested using structural equation modeling (SEM) in Mplus 8. The analysis aimed to examine both the direct and indirect effects of traumatic experiences, PTSD levels, and early maladaptive schemas on post-migration life difficulties. Parcellization, using item parcels rather than individual items, was employed for the analysis to enhance psychometric quality, reduce Type I and Type II errors, and minimize construct bias (Little, 1997).

The results (presented in Table 4 and the accompanying graphic) reveal that

PTSD significantly influences early maladaptive schemas, which in turn exacerbate post-migration difficulties. Specifically, asylum seekers with PTSD reported higher levels of schemas related to emotional deprivation, abandonment, and defectiveness. The model indicated that EMS serves as a mediators between PTSD and post-migration life challenges. These findings suggest that addressing both trauma-related symptoms and maladaptive schemas in therapeutic interventions is essential to alleviating the psychological distress associated with post-migration difficulties.

The graph below illustrates the relationships between early maladaptive schemas (EMS), PTSD levels, and post-migration difficulties. The data indicate that individuals with higher EMS scores, particularly in the domains of abandonment and mistrust, are significantly more likely to report severe post-migration challenges. These findings suggest a mediating role of EMS in exacerbating the psychological distress associated with PTSD, highlighting the importance of addressing these schemas in therapeutic settings.

In short, the data indicate that individuals with higher EMS scores, particularly in the domains of abandonment and mistrust, are significantly more likely to report severe post-migration challenges. This highlights the mediating role of EMS in exacerbating psychological distress related to PTSD, underscoring the importance of integrating schema-focused interventions into therapeutic practice.



Discussion

Migration is an intricate phenomenon that profoundly impacts asylum seekers, who contend with both personal crises and systemic adversities. These individuals frequently endure significant traumas stemming from their pre-migration, transit, and post-migration experiences, which necessitate a nuanced examination. Adopting a critical pedagogical lens reveals that the struggles faced by asylum seekers are emblematic of wider structural inequities and global injustices. Their plight is intricately linked to a capitalist paradigm that prioritizes profit over human welfare, engendering conflict, economic instability, and environmental degradation—factors that collectively catalyze mass migrations (Sassen, 2014).

Research indicates that early maladaptive schemas (EMS), particularly those associated with abandonment and emotional deprivation, are markedly pronounced in asylum seekers diagnosed with post-traumatic stress disorder (PTSD) in comparison to their non-PTSD counterparts. This exacerbation of schemas serves to complicate post-migration challenges, thereby illuminating

the intricate interplay between psychological vulnerabilities and structural impediments, such as insecure legal status and pervasive discrimination. The asylum process is systematically designed to marginalize migrants, manifesting as structural violence wherein policies that restrict asylum seekers 'access to employment opportunities further dehumanize them, perpetuating their dependency while intensifying psychological distress (Giroux, 2015).

Empirical data indicate that asylum seekers with PTSD exhibit significantly elevated scores across schemas related to emotional deprivation, abandonment, mistrust, and social isolation. For example, the mean score for "Emotional Deprivation" stood at ($M = 3.37$, $SD = 1.49$) in the PTSD group, contrasted with ($M = 2.20$, $SD = 1.18$) in the non-PTSD group. Such findings underscore the profound psychological ramifications of systemic neglect and the critical need for addressing trauma within socio-political contexts. The psychological challenges encountered by asylum seekers are deeply rooted in the structural inequalities perpetuated by capitalist systems that foster exclusion (Harvey, 2005).

Furthermore, the prevalence of traumatic experiences such as forced evacuations (68.8%) and confinement in response to external threats (66.4%) underscores the significant adversities faced by these individuals. Post-migration stressors, including housing insecurity and restricted access to work permits, significantly undermine their overall well-being. In the United States, prolonged wait times for work authorization exacerbate economic and emotional distress, heightening vulnerability and the risk of re-traumatization. These prevailing conditions function as mechanisms of exclusion, systematically maintaining the dominance of host societies over migrant populations and ensnaring them in cycles of dependency, subsequently fueling neoliberal economic models (Zizek, 2012).

The research further illuminates that asylum seekers encounter substantial post-migration challenges, evidenced by a high incidence of "concerns about families left behind" (80%), "difficulty in securing employment" (75.4%), and "anxiety regarding potential deportation" (65.6%). Such systemic barriers exacerbate trauma and contribute to the marginalization of asylum seekers, reflecting a broader societal failure to acknowledge their inherent dignity and humanity. It is imperative to scrutinize the mechanisms through which global capitalism and state policies perpetuate vulnerabilities and marginalization (Freire, 2000).

Lastly, PTSD distinctly exacerbates emotional and psychological suffering, particularly in the domains of abandonment and distrust. This interaction elucidates how systemic oppression concomitantly fuels psychological distress among asylum seekers. Structural inequalities engender a cyclical dynamic that perpetuates mental health issues, as the policies enacted by host nations routinely neglect to address the fundamental causes of such trauma. The psychological suffering endured by asylum seekers is not merely a consequence of individual trauma but is significantly compounded by systemic oppression that systematically denies them dignity and stability. Hence, engaging with a critical pedagogical framework is essential for effectively addressing these myriad challenges. Such an approach will provide a robust foundation for understanding and supporting the nuanced needs of asylum seekers.

Conclusion

To effectively address the mental health issues faced by asylum seekers, it is essential to apply an intersectional perspective that examines systemic inequalities while prioritizing personal narratives. Critical pedagogy presents a transformative approach, perceiving migration as a chance for communal learning and societal change. By promoting policies and practices driven by solidarity, this methodology aims to improve individual well-being and support

wider social justice initiatives. “In the end, breaking down the oppressive systems that compel migration and worsen challenges faced after migration is vital for establishing a world where asylum seekers can flourish with dignity and independence.” This perspective calls for a reimagining of mental health services to better align with the complexities of migration and its significant human consequences. Incorporating critical pedagogy into both research and policy is essential for tackling the diverse challenges faced by asylum seekers and fostering a just and compassionate migration system.

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Ethical Compliance Department

All procedures applied in studies involving human participants were performed following the ethical standards of the Upper Austrian University of Applied Sciences, Linz, Austria, and Baskent University, Ankara, Turkey, and the 1964

Declaration of Helsinki and its subsequent amendments or similar ethical standards.

There has been no conflict of interest.

Participation in this study is based on informed consent, is voluntary, and does not involve any financial compensation.

Declaration of Data Availability

Data supporting the findings of this study are available upon request from the corresponding author [initials]. The data are not publicly available due to restrictions because they contain information that jeopardizes the confidentiality of research participants.

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